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Page	Page	Page	Page
ORIGINAL LECTURES.		EDITORIAL ARTICLES.	
Lectures on Gunshot Injuries of the Chest. By Frank H. Hamilton, M.D. 181	Case of Gunshot Injury of the Head. By H. C. May, M.D. . . 185	Plea of Insanity in Cases of Murder. 183	Physical Strength of Recruits and Soldiers. 191
	A Case of Thrombi in the Cardiac Cavities. By John H. Page, M.D. 186	Army of the Potomac. 189	
		New York Medical Independent. 190	
		The War in Schleswig. 190	
ORIGINAL COMMUNICATIONS.		REVIEWS.	
Case of Aortic Aneurism. Death from Laryngeal Spasm, with Remarks. By Austin Flint, M.D. 183	N. Y. PATHOLOGICAL SOCIETY: Stated Meeting, Nov. 25, 1863. Dr. H. B. Sands, Vice-President, in the Chair. Diphtheria—Malformed Fetus. 186	The Transactions of the American Medical Association. 190	ARMY MEDICAL INTELLIGENCE.
The Trichina Disease in Germany. By Rufus King Browne, M.D. 184	FORIGN CORRESPONDENCE. Letter from Rufus King Browne, M.D. 187	Necessity of Maintaining the	Orders, Changes, etc. 192
			MEDICAL NEWS.
			SPECIAL NOTICES.

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Original Lectures.

LECTURES ON GUNSHOT INJURIES OF THE CHEST.

BY FRANK H. HAMILTON, M.D.,

PROF. OF MILITARY SURGERY AND FRACTURES AT BELLEVUE HOSP. MED. COLLEGE, AND LONG ISLAND COLLEGE HOSPITAL; SURGEON TO BELLEVUE HOSPITAL; LATE MEDICAL INSPECTOR, U.S.A.

LECTURE V.—PART I.

PUNCTURED wounds of the heart are, like gunshot wounds of this organ, in most cases quickly fatal; but death as the result of these injuries is not generally quite so immediate, and a few examples are recorded of final and complete recovery. Admiral Villeneuve committed suicide by thrusting a long pin into his heart, and his death is said to have taken place almost immediately. Upon examination after death the surgeons could scarcely discover a trace of the wound. On the other hand it is well known that needles have been introduced into the hearts of animals by experimenters, and a current of galvanic electricity sent through them without doing any harm. Dr. Babington relates a case in which the patient survived a bayonet wound of the heart twenty-four hours. Dr. Featherstone reports an example of the same kind, in which death occurred after forty-eight hours. Mr. Guthrie examined the body of a man who had been wounded by a lance at the battle of Waterloo, and who died in consequence of an attack of pneumonia, in Nov., 1815. The lance had penetrated the left lung, the pericardium, the heart, the diaphragm, and the liver, all of which wounds had completely cicatrized. The wound in the heart was indicated by a sort of flap which hung down from the outer wall of the right ventricle, indicating that the weapon had not penetrated the entire thickness of the wall, but merely sliced off a small portion. Breschet mentions an example of laceration of the pericardium and slight wound of the heart, in which the patient survived twelve days. Du-puytren and Begin have each reported one example of complete recovery after punctured wounds of the heart.

ADDITIONAL CASES OF GUNSHOT INJURIES OF THE CHEST.

CASE I.—*Illustrating the serious consequences which may ensue from simple concussion of the Thorax, namely, haemoptysis, pneumothorax, and empyema.*—Michael Macklynn, ser. 46, was struck by a shell on his back, at the battle of Gettysburg. The blow was received on the right side of the spinal column, between it and the base of the scapula. The skin was not broken, but a dark red discolored remained. He was thrown down, and for a few moments was unconscious. Blood came from his mouth freely, and he continued to spit blood during two or three days. On the third day he experienced a good deal of pain in that side of the chest, and began to cough. These symptoms, no doubt, announced the accession of pleuritis. About three weeks from this time he suddenly felt as if something had given way in his back, the sensation being accompanied with pain and soreness. By the courtesy of Surgeon Clemens, U.S.A., in charge of the Central Park General Hosp., New York, I was permitted to examine this patient on the 13th of March, 1864, nearly nine months after the receipt of the injury. He was looking rather feeble; his cough was severe, and accompanied with a copious purulent expectoration. During the act of coughing, air, mingled with a fluid, could be heard rushing out through an opening in the back of his chest, and it could be seen to form a broad and slightly elevated tumefaction under the integument. It is probable that matter had formed in the right pleural cavity, and after having first penetrated into the bronchial tubes, it at length made its way through the pleura-costalis; in this direction it is gradually approaching the surface.

AM. MED. TIMES, VOL. VIII., No. 16.

CASE II.—*Round musket ball turned aside by the ribs.*—George C. Flanders, 20th Mass. Vols., wounded at Antietam by a round ball, which entered the right side, just above the nipple, and passed out on the back near the inferior angle of the scapula, having made a circuit of one-fourth of the circumference of the thorax. This man came under my observation at Frederick city, Md., twenty-three days after the injury was received, and he informed me that he never expectorated blood, that he had had no cough, and in short that he had experienced only the most trivial inconvenience from the wound. The orifices were still discharging pus, but he seemed well.

CASE III.—*Round musket ball turned aside by the ribs.*—Norman Johnson, a private in the 1st Mich. Inf., received, on the 21st of July, 1861, a round ball upon the right side of his thorax, three inches below the centre of the clavicle, which, glancing off from the ribs, was found under the integuments, upon the anterior aspect of the arm, four inches below the acromion process. The ball having been removed by Surgeon Joseph R. Smith, at the Seminary Hospital, in Georgetown, I found him on the ninth day without any thoracic symptoms, and apparently doing well.

CASE IV.—*Slugs not penetrating the walls of the Chest.*—*Embarrassed respiration.*—On the 3d of Oct., 1862, Tony Rice, a private in the regiment called "Les Enfants Perdus," was shot near Yorktown, Va., by a gun loaded with small slugs, each of about the size of a buckshot. We counted seven wounds on various parts of his body, several of which were upon his chest. None of them had passed entirely through, and it was apparent that none of them had fairly entered the thoracic cavity. He had no bloody expectoration or cough, but at first and for several days he breathed with difficulty, owing, no doubt, to the injury inflicted upon the muscular parieties.

CASE V.—*Wound of the Lungs by round balls, without bloody expectoration.*—Wm. Lathrop, private, of the 12th N. Y. V., was wounded at the battle of Blackburn's Ford, July 18, 1861, by a round ball, which entered the outside of the left shoulder, and passing through the left lung, escaped upon the back on the right side of the spine. I saw him on the same day, and found him pale, suffering severely from the shock; the wound on his back was discharging a little blood of a light scarlet color, and air was passing in and out freely, but he had not yet expectorated any blood. The wound was dressed by Surgeon Palmer, U.S.V., with a compress of lint, wetted in cool water. On the 20th I saw this man again. His condition was considerably improved, a fair reaction having taken place, but up to this moment he had not expectorated blood.

CASE VI.—On the same occasion also I examined private Oakden, of the 12th N. Y. Inf., who had received a ball, probably a round ball, between the seventh and eighth ribs, and which remained within the cavity of the chest. In this case my attention was called also to the fact that he did not expectorate blood.

It will be noticed that in both of the above examples there were reasons to believe that the balls were round and smooth.

CASE VI.—*Perforating wound; musket ball; speedy recovery.*—A. W. Burnham, 2d N. H. Inf., wounded at Bull Run, July 21, 1861. The ball entered on the right side of the chest, in front, and passing through the lung was found under the integuments of the back. It was removed by his surgeon, and dressed with lint wetted with cool water. He expectorated blood freely immediately after the wound was received. This man, whom I saw in the hospital at Alexandria ten days after the battle, was doing well, and at the end of five weeks he was discharged cured.

CASE VII.—*Pistol ball through the cavity of the Chest, and rapid recovery.*—Michael Shales was shot by a pistol ball on the 17th of April, 1855, the ball entering between the fifth and sixth ribs, a little to the right of the sternum, and passing out at a point directly opposite on the back. Soon after he was wounded he spat a very little blood, but there was no bloody expectoration after this. His

breathing was at first somewhat embarrassed, and he looked pale and alarmed. The wound was dressed with a compress wetted with cool water, and he was placed moderately under the influence of morphine. Very little inflammation of either the lungs or pleura followed; nor did any other accident delay his recovery. On the 1st of Sept., 1855, a little more than four months after the injury was received, he told me he was in the enjoyment of perfect health. Auscultation and percussion gave no indications that the lungs had suffered any lesion.

CASE VIII.—Perforating wound of Lung followed by empyema.—Melchior Bretel, private, 12th N.Y.V., was wounded at the battle of Chancellorsville, by a conical ball, which entered the lower lobe of the left lung, and was found beneath the integuments of the opposite side, having broken the seventh rib near the sternum, at the point of exit. Eight months afterwards I found the rib necrosed, and the wound still discharging pus. Several fragments of bone have escaped from time to time. His breathing is unembarrassed, and his general health is good.

CASE IX.—Perforating gunshot wound resulting in empyema, etc., complicated with six additional wounds in various parts of the body.—James Brownlee, a private in the 124th N.Y.V., 11th Corps d'Armée, was wounded at the battle of Gettysburg on the 1st of July, 1863. The wound in his chest was made probably by a conical ball, which entered the sternum about one inch below the top, and, passing downwards and outwards underneath the second, third, and fourth ribs, perforated the upper lobe of the right lung superficially, and escaped between the fourth and fifth ribs upon the same side, about three inches to the right of the nipple. The third and fourth ribs were broken, probably by the ball. In his opinion, however, they were broken when he fell. The bleeding from the wounds was free, but whenever they were closed blood flowed from the mouth. Three buckshot took effect above the pubes, some of which passed through the bladder. One ball entered the right thigh, and has never been removed or found. A conical ball entered the left thigh, and passing nearly through, was removed by a surgeon on the fourth day. A nearly spent conical ball struck upon the back of his sacrum, near its middle, and buried itself slightly beneath the skin, and was pulled out by himself immediately. This brave fellow received in all four balls and three buckshot. The wounds have all, with the exception of the chest wounds, healed completely, but the scars remain to confirm the accuracy of his statements.

In addition to all this, Brownlee affirms that he was finally struck on his back, the blow being received directly upon his knapsack, and knocked down, by a piece of railroad iron about eighteen inches in length, which was discharged from one of the enemy's guns. He says he saw the piece of iron as it was falling, and tried to escape from it, but did not succeed. Having been made a prisoner also very soon after, he observed that the railroad iron was taken up from the track, and, as he believes, for the purpose of breaking it into fragments to be used in the guns. I am also informed by a serjeant that at the battle of Chancellorsville he dug from the earth a piece of railroad iron which the enemy had thrown, and which, striking a rail fence, upon which an officer was sitting, knocked down both the rail and the officer, and then buried itself in the ground. My only purpose in mentioning this circumstance is to call attention to this new missile, if it is actually in use. After removing fragments of the sternum from the wound of exit, the wounds in his chest were closed by the Confederate surgeon into whose care he fell, by rolling up pledges of lint and pushing them into the orifices—the pledges being removed every hour or two. He observed that when the lint was removed he breathed with great difficulty, and that he experienced immediate relief when the pledges were replaced.

This man has now, after the lapse of nine months, a copious purulent discharge from both orifices, and the walls of the thorax upon that side have already contracted con-

siderably. The posterior portion of the right lung admits air freely, nearly to its base. In front no auscultatory sounds are detected. When he stands erect the right shoulder falls considerably. Most of the time he has a troublesome diarrhoea, yet he is gradually gaining in strength and health, under the management of Dr. Stephen Smith, one of the surgeons attached to the Central Park General Hospital. Brownlee is now taking four quarts of milk, one pint of port wine, and two beefsteaks daily.

CASE X.—Perforating wound of both sides of the Chest

—**Empyema—Probable recovery.**—John McIntyre was wounded at Bull Run, July 21, 1861, by a round ball, which entered the left shoulder, and without emerging from beneath the skin, penetrated the chest, and was found by me on the right side of the spine, under the skin of the neck. I removed it from this point by a counter-incision, and having dressed it with lint and cool water, he subsequently found his way to Alexandria and Washington. His breathing was difficult at first, but never very greatly embarrassed; and on the 29th of July I found him at the hospital in Georgetown, with somewhat improved respiration, but the wounds were open and discharging, and his expectoration continued bloody. It is not probable that the ball opened fairly into more than one pleural cavity.

CASE XI.—Gunshot wound of the Thorax resulting in empyema and death, after ten months.—Lieut. Mulligan, a gallant young officer of the 21st N.Y.V., was wounded at Manassas, in August, 1862, the ball entering the thorax, over the middle of the clavicle, and emerging near the lower angle of the scapula upon the same side. In its course the ball fractured the first and fifth ribs, and the lower angle of the scapula. This brave boy lay upon the field seven days without receiving any surgical aid. He says he never expectorated blood, yet there can be no doubt, from the direction which the ball took, that the lungs were perforated. Empyema ensued, accompanied with a chronic diarrhoea, and after ten months of suffering he died. By request of his attending surgeon, Dr. J. R. Lathrop, of Buffalo, I saw young Mulligan in March, 1863, seven months after the receipt of the injury, and found him greatly emaciated, the pus discharging freely from the lower orifice, the upper orifice having been closed for some time.

Upon examination after death the lung was found collapsed, and firmly bound by adhesions to the anterior surface of the thoracic walls. The pleural cavity was empty, the matter having drained off freely when he was lying upon his back; most of the pleural surface was of a dark color; it contained no foreign matter except a few necrosed fragments of the first rib, which were projecting inwards, near the wound of entrance, and similar necrosed fragments from the fifth rib were found near the wound of exit. Portions of the intestinal tube were much contracted and thickened, as is usual after chronic diarrhoea; the liver was greatly enlarged, and its structure changed by fatty degeneration.

Although it would be improper to attribute the long persistent purulent secretion in this case entirely to the presence of the necrosed bone, yet it is apparent that these fragments were sources of irritation, and the history of the case cannot but impress upon us the importance of removing, by early and free incisions as far as possible, all the pieces of broken ribs, and especially at the point of entrance. When the patient was seen by me the upper orifice had closed, and the ribs had apparently united, so that we had no reason then to suspect the existence of necrosed bone in that vicinity. At this point it was, however, that the fragments were sent in, and were therefore most capable of doing harm. At the point of exit the necrosed fragments were very little displaced, and if they had been more, they could only have been thrown outwards, in which direction they would do much less mischief.

DR. SEMELEDER has been appointed physician to the future Emperor of Mexico.—*Brit. Med. Jour.*

Original Communications.

CASE OF AORTIC ANEURISM.

DEATH FROM LARYNGEAL SPASM, WITH REMARKS.

BY AUSTIN FLINT, M.D.,

PROF. OF PRINCIPLES AND PRACTICE OF MEDICINE, BELLEVUE HOSPITAL MEDICAL COLLEGE, AND IN THE LONG ISLAND COLLEGE HOSPITAL.

DANIEL LAUGHLIN, aged 42, was admitted into the United States Army Hospital, Lexington Avenue, under charge of Surg. Alex. B. Mott, Dec. 8, 1863. He stated that he had been off duty for thirteen weeks, the chief subjects of complaint having been pain in the chest and difficulty of breathing. The latter had steadily increased; the patient, at the time of his admission, was much enfeebled, keeping the bed almost constantly. The difficulty of breathing was the most prominent symptom. It was paroxysmal and evidently due to laryngeal spasm. The paroxysms occurred frequently during the day, and still more so during the night. The fact that there was no permanent obstruction was shown by his ability to breathe freely when not in a paroxysm, and the presence of a well evolved vesicular murmur over both sides of the chest.

On examination of the chest, dulness on percussion was found over a circumscribed space on the right side of the sternum, at the second and third ribs. In this space a loud double murmur existed. A feeble impulse, without thrill, was perceived in the second intercostal space. There was no inequality of the radial or carotid pulse in the two sides. There was no congestion of the upper extremities and head. The pupils were equal. No difficulty of deglutition. The voice, except from the difficulty of controlling the breath in the paroxysms, was unaffected, that is, there was not aphonia nor huskiness. In view of these facts, the diagnosis was aneurism affecting the ascending portion of the aorta, and not interfering, by pressure, with the trachea, vena cava, oesophagus, or the sympathetic nerve, but giving rise to spasm of the glottis through the recurrent laryngeal nerve.

The paroxysms became more and more frequent and distressing. They were at length excited by the slightest exertion, such as getting up for evacuations, eating, or attempting to converse. The sufferings of the patient were extreme. He was obliged to sit up in bed during the whole night, and was constantly apprehensive of the paroxysms when not suffering from them. He obtained very little sleep, and was able to take but little nourishment. His strength progressively diminished, and he succumbed January 22d, forty-five days after the date of his admission into the hospital.

On examination after death, the aorta was found to be dilated from a point just above the semilunar valves to a point just below the arteria innominata. It was pretty uniformly dilated between these points, the width of the dilated vessel (not opened) being two and a half inches. This was the aneurism represented by the signs obtained by percussion and auscultation, which have been mentioned. The transverse portion of the arch presented nothing abnormal; but at the descending portion, commencing just below the left subclavian artery, was a sacculated aneurism projecting from the left aspect of this portion, and extending beyond the vertebral column for about two inches. The sac was closely attached to the vertebral column and the ribs, and on introducing the finger into it from below, the roughened exposed bony surface of the vertebra could be felt. The sac contained considerable dense fibrin and soft coagula. It measured transversely four and a half, and vertically three inches. The parts were removed *in situ* with a section of the vertebral column and ribs; the heart, vessels, and sac not being opened in order that they might be injected and prepared as a cabinet specimen. The volume of the heart was slightly enlarged. The lungs were healthy,

with the exception of the lower lobe and the inferior portion of the upper lobe of the left lung, which contain numerous small collections of crude tubercle apparently of recent deposit. The larynx and trachea presented no evidence of disease. The trachea and bronchi were not compressed.

The pneumogastric nerve, with the recurrent branch on each side, was examined with particular interest. On the right side these nerves were in no respect involved, and presented nothing abnormal. On the left side they were somewhat distended by passing around a portion of the aneurismal sac, but presented no appearance of atrophy or separation of fibres. But at the point where the recurrent separates from the main trunk, was an irregular calcareous body, with a rough exterior, about as large as a medium-sized bean. The recurrent nerve was situated between the aneurismal sac and this calcareous body, and the latter was closely united to the nerve, so that, on making the dissection, the two remained attached.

Other organs of the body were not examined.

Remarks.—The point of special interest and importance in the clinical history of this case, is the persistence of laryngeal spasm, the patient's life being destroyed mainly by the protracted suffering from embarrassed breathing, together with the loss of sleep and inanition. And the point of special interest and importance in the morbid appearances after death, pertains to the left recurrent laryngeal nerve. The situation of this nerve in relation to the aneurismal sac, and the calcareous body connected with it, affords an explanation of the laryngeal phenomena during life. The situation involved constant irritation of this nerve, from the impulse of the blood current in the aneurismal sac on one side, and the rough surface with which it was in contact on the other side.

It will be observed that the aneurismal dilatation of the ascending portion of the arch only was discovered during life. This did not interfere with the recurrent nerve. The large aneurismal sac was not ascertained, nor could the diagnosis of this be easily made out by physical signs. Had this aneurism existed alone, the positive evidence of aneurism would have been wanting; yet its existence should have been suspected from the laryngeal phenomena.

The case illustrates the importance of these phenomena as pointing to the probable existence of aneurism. It exemplifies the phenomena due to irritation of this nerve in contrast with the effects of compression, the latter being of more frequent occurrence in cases of aortic aneurism. The phenomena were those proceeding from spasm, whereas the usual effect of compression is paralysis, giving rise to aphonia, together with such embarrassment of breathing as depends on the loss or impairment of the respiratory movements of the glottis on one side. The case is of interest and importance in relation to a practical question, viz., the propriety of resorting to tracheotomy under similar circumstances. The propriety of the operation in the case repeatedly occurred to me, while I was a spectator of the great sufferings of the patient, but I did not propose its performance. As a result of the after reflections on the case, I cannot but think I should have proposed it, and, under similar circumstances again, I should do so. The patient's life would probably have been prolonged by the operation. This is, of course, a sufficient reason. But, aside from this reason, the sufferings would doubtless have been greatly mitigated, and, with a view simply to euthanasia, it seems to me now that the trachea should have been opened.

MEDICAL CONGRESS OF SPAIN.—The next meeting of this scientific association is fixed for Sept. 24th, and will continue in session six days. The following subjects are proposed for discussion: 1. Importance of Quarantines and Lazarettos; 2. Value of the Surgical Treatment of Cancer; 3. Causes of Pulmonary Phthisis, and the Means of Arresting its Ravages; 4. Criterion for judging of Moral Liberty in the Perpetration of Crime.

A FRENCH writer reports having cured peritonitis by the repeated application of colliodion.

THE TRICHINÆ DISEASE IN GERMANY.

By RUFUS KING BROWNE, M.D.,

OF NEW YORK.

A CASE of trichine disease has very recently occurred here. Prof. Virchow yesterday showed me the varieties of meat for food—viz., the ham, sausage, and wurst, which contained the dangerous animals, and a piece of which I examined under the microscope. This disease has for several years engaged the attention of the medical men of Germany, and more recently has aroused the interest and concern of the German public. It arises from the penetration and lodgment in various parts of the living human body, particularly and finally in the muscles, of the young of that species of entozoa long known to microscopists as trichina spiralis, but reported by them to be sexless and harmless. The parent animal enters the body in the meat food, gives birth to its young in the intestines, whence they penetrate in countless numbers to the other various tissues and cavities of the body. There, when they cease to advance, they enlarge, become incapsulated, and cause an alarming succession of symptoms, which may or may not terminate in death. Very recently Prof. Virchow has caused to be published a sufficiently complete account of these animals from the time of their entering the human body. Several epidemics from this cause have occurred within a comparatively few years in Germany.

Prof. Virchow reviews the history of the investigations within the last ten years of a number of observers of the life of the animal, and the characteristics of its career. These were undertaken by some to expose its natural history merely, and by others with reference to the pathological consequences it caused in the living. He himself, with Leuchardt of Giessen, is chief of the latter. In 1860 he published in his *Archiv* an account of his experiments with them (consisting of his feeding the meat containing them to living animals under observation), which resulted in his ascertaining the main facts of the case. A year afterwards he communicated a fuller account of the same, and other investigations of his, to the Paris Academy of Sciences. The investigations of all those observers were many. By these, however, it has been ascertained that the older trichine infect the pig, being lodged in the lean flesh of that animal; that they reach the intestinal canal of the human body by having been consumed with the pork; there give birth to their brood. The trichine, then, first appear in the meat we consume, namely, that of the pig; and the infestation of the human body has as yet only been found to occur from consumption of the flesh of that animal. But there is no security from infestation by abstinence from pork, for the graminivora are not so perfectly select in the character of their food but that they may consume flesh; and if pieces of meat infested by trichine be placed in their mouths by hand, they will not reject but readily swallow it, thus becoming themselves infested as the meat was. Various herbivorous animals will do this. The worms are also found in other animals, usually regarded as strictly herbivorous, as moles, etc.; but special investigations have proved that these animals consume smaller animals, as field-mice, groundworms, etc.; and hence are flesh as well as grass-eaters, being in this respect like rats and mice, etc. Nevertheless, the only flesh man consumes which contains the trichine, is that of the pig.

Virchow cites from the *Annals of Medical Jurisprudence*, a number of instances wherein deaths having occurred abruptly without any appearance of the usual known causes, were made the subject of judicial inquiry. Though led to suspect poisoning, this was not proved; and the investigation being judicial, concluded by leaving this suspicion unimpaired but unproved. Chemistry, which, of course, was powerless to detect these animals by any analysis of the suspected food, and finding no known poison, suggested the idea of *ham-fat* poison—a hypothetical substance, supposed to arise from the retrograde transformation the fat underwent after entrance into the human body. Of course, in none of these instances investigated,

was the microscope used to find the trichinae in the suspected flesh in the body of the dead, and thus to point out the cause of death. This was first done on the occurrence of several epidemics, in which a number of persons simultaneously fell sick and died, without at first any evident cause. These epidemics were groups of cases of this disease since the year 1859. They occurred at Plauen,* Calbe on Salle,† Quedlenburg, Burg near Magdeburg, Weimar, and Hettstadt near Eisleben, and other places. Other epidemics of the same character have occurred; but in these, unfortunately, there was no microscopic examination of the meat and the dead, as in the first series. Belonging to the first class was that of Hettstadt, in which 150 persons fell sick, and about twenty‡ died. In these latter the flesh, examined after death, was found by several microscopists literally filled with trichinae§. In these also the meat—ham and sausage—was suspected. But in these cases the meat was consumed by them and their families and servants, who had raised, slaughtered, and prepared the animal for domestic consumption. In this instance, first, the flesh consumed, and second, that of those who died, were examined microscopically, and the colonies of trichinae were found.

Virchow cites one striking instance, which exemplifies in the clinical experience of one person, the *history* of trichine disease from the time the subject of it first became so; and we were without any notion of the subject, except the suspicion of poisoning; down to the time when we had ascertained, by the microscope, the truth of the case. The person himself related his story, and it is one curiously interesting to even the least curious of readers. The case also exemplifies how, even though the infestation may have been so serious as to nearly prove fatal, it may end by the trichinae becoming so closely confined by an adventitious shell, that they are powerless to do further injury to the patient, except what injury survives in chronic form they did before this entombment. This process, however, does not occur in less than three months; and in such a case the subject is cured. All cases examined up to the year 1860 were of this class, and hence arose and spread the erroneous impression, that the animal, even in the human body, was harmless. Last summer a person (the instance referred to) was being operated on by a noted surgeon of Berlin, for swelled neck. During the operation the bared muscles were seen to be filled with the characteristic shells or cysts of trichinae, which can be recognised with the naked eye. The patient related, in reply to a question whether he had ever been very sick, that in the year 1815, with the other members of a commission for the inspection of schools, he ate a meal of ham, sausage, cheese, etc., at an inn. All who ate of these provisions were soon after taken sick, and, except the relator himself, died; suspicion fell on the innkeeper. A judicial investigation was held, but without result. Here the survivor might have gone to his death, and yet nothing have ever been known in his particular case of the infestation by trichinae which had killed his six associates, although he survived, had it not been for the knowledge of the animal science had gained years after that fatal meat was eaten.

Virchow points out the more than *mere* probability, that all these cases of death, supposed to have been by ham poison, were due to the same cause as the above. In June, 1851, in the neighborhood of Hamburg, several well persons having eaten ham, fell sick. Three of them died, and others were long in a critical state. A judicial investigation was held without satisfaction. Ham-poison was supposed. Why? Not because anybody had ever seen or administered ham-poison. No; but because no explanation could be given, and hence supposition must arise. But it was afterwards shown that the symptoms and other cir-

* Bähler, *The Trichine Disease and its Treatment in Plauen*, in 1863.

† G. Simon, *Prussian Medical Zeitung*, 1862. No. 25 to 39.

‡ Behrens, *Deutsche Klinik*, 1863. No. xxx.

§ Up to the twenty-third of November, 187 cases of disease and 24 cases of death had occurred in this epidemic.

circumstances pertaining to the sickness and death of these people, was identical with those subsequently ascertained to be trichinæ infestation.

Again, the captain of a ship, at Valparaiso, from Hamburg, purchased a pig. It was slaughtered on the first of April by the cook. The crew ate thirty pounds of the fresh meat. While near Hamburg most of the crew fell sick, some lightly, some severely, and two died. In the muscles of one of the dead, numerous free living trichinæ were found.

The trichinæ, in order to infest the human body, must be eaten in meat; and it is, so far as we know, only through eating of pork that they enter the human body.

It is not the trichinæ which are eaten, that enter other parts of this body, but their descendants. While very young, these latter, which have penetrated the body, do not *propagate* these. They merely augment in size. If the body they have entered continues to be living until they are encysted, they do no further injury. They remain in a state of suspension or at least motionless animation, but if they are eaten and enter the intestinal canal of a human being, they are set free, and there produce numerous broods of young, which latter penetrate the intestinal walls; the parents remaining in the intestine.

The symptoms they cause are various, and vary with the condition or later stages of infestation. Sometimes they are irritation of the intestines (intestinal catarrh), gastric disturbances, weakness and stiffness of the muscular system; and sometimes pain, resembling gout or rheumatism, with febrile conditions, not particularly unlike those of typhus fever. Sometimes the train of symptoms is acute, and death occurs in a few weeks; sometimes the disease proceeds slowly with progressive emaciation, and loss of strength.

They have been found in great numbers in the bodies of persons supposed to have died of consumption, but in whose bodies autopsies disclosed no affection of the lungs. In these there was a great diminution of muscular substance.

There is no known remedy. Experiments have been made with a variety of substances, among them benzine; which Prof. Moseler,* of Giessen, found would kill the trichinæ. But to kill the trichinæ in the muscles of a human body is very doubtful. If their presence in the intestine, before the young have penetrated other parts of the body is suspected, purgation is, of course, the remedy.

Experiments showed that those animals, fed with trichinized meat, which were purged, survived; while others fed at the same time, not purged, soon died. They were expelled from the intestinal canal before the young entered the other parts of the body. The force of the symptoms, and hence the degree of danger in infected persons, will only be with the number of trichinæ which enter the body. There may either be so few that no alarming symptoms will arise; or so many that death is inevitable.

The degree of danger, therefore, to the human being who may have devoured the meat containing these parasites is least; should purging take place before the young trichinæ have penetrated the walls of the intestine, the danger ranges between two extremes: namely, whether they have eaten few or many. If the latter, then millions of young will penetrate the muscles; if the former, then not a sufficient number will have done so to cause alarming symptoms or endanger life.

If a piece of flesh containing the trichinæ be examined, or closely scrutinized by the naked eye, as microscopists are in the habit of doing, the ovoid, opaque shell, inclosing the animal, can be barely seen as a yellowish white granule; but the animal itself, which lies coiled within, a semi-transparent worm, is not at all seen in such a view. If the shell be carefully separated, however, from the flesh in which it is imbedded, placed upon

a slip of glass, and a drop of hydrochloric acid be added, the shell will slowly dissolve, and the animal become plain under a magnifying power of fifty or sixty degrees.

The only security, if pork is eaten without satisfactory microscopic examination, is to consume only that *thoroughly boiled*.

While I am writing this account, Prof. Virchow has called my attention to a case of trichinæ disease just brought to his notice, the history of which was in America as well as Germany. A physician of Davenport, Iowa, writes to him that a lady had long been afflicted with the symptoms now traced to infestation by trichinæ. She was a native of Holstein; emigrated to the United States. She recovered, except a disability to use her hands in piano-playing. She returned to Altoona (Holstein), and was there operated on for malignant tumor of the breast. When the muscles were bared by the scalpel, trichinæ cysts were found in them. She died of the malignant disease, but on autopsy her muscles were found filled with encysted trichinæ *still alive*. It must have been ten years since she had consumed the trichinæ-infested flesh.

PATHOLOGICAL INSTITUTION, Berlin, Prussia, March 1.

CASE OF

GUNSHOT INJURY OF THE HEAD.

By H. C. MAY, M.D., ACT. ASST.-SURGEON U.S.A.

THE following case of serious gunshot injury of the head is to me one of more than ordinary interest, and may influence others having similar injuries to treat, in their incipiency, in determining their course of action.

William Sheridan, private, Co. M, 1st Missouri Artillery, detailed from regular U.S. Infantry, Irishman, thirty-four years of age, lymphatic temperament, five feet eight inches high, weight in health 160 pounds, of frail build, was wounded at the siege of Vicksburgh, May 19, 1863. While in the act of sighting a cannon, at a range of 200 yards from the enemy's works, a charge of canister was fired into the group working the Federal piece, killing three of his comrades, and wounding himself and another artilleryman. The concussion knocked him down, but he soon recovered himself, and walked two miles to the hospital in the rear, covered with blood, which flowed freely from a wound somewhere in his head. He was at once examined with a silver probe by several surgeons, who all said they readily defined the outlines and flattened surface of a large leaden bullet in the substance of the brain. The missile, judging from present appearance of cicatrix, had entered the cranium at a point immediately posterior to the coronal suture, on the left side, and about three inches from the median line or sagittal suture. It passed horizontally inwards, a distance of two and a half inches, as judged by the sensations of the patient on having the wound probed at time of injury, and his recollection of the statement of the surgeon who had him in charge.

Four days after receipt of wound, he was put on board a hospital boat, and taken to Van Buren General Hospital, on the opposite side of the river. During the passage to the hospital, the surgeon in charge of the boat put him under the influence of chloroform, enlarged the opening, and attempted to extract the ball, but failed. He remained at this hospital nine weeks, being able to walk about the whole time, taking his meals at the general table, dressing his own wounds with cold water and a light compress, suffering but little pain; no heat of head, and, with the exception of slight attacks of chills and fever in common with most of the other patients there, was in good general health. At the expiration of this time he returned to the battery, and engaged in light duty about the camp, until September 3, 1863, when he was discharged the service.

At the time, and for weeks previous to his discharge, the wound had suppurred freely, occasionally bled a little, and often small fragments of necrosed bone escaped. "Proud flesh" occasionally appeared, to which burnt alum

* *Helminthologische Studien und Beobachtungen.* Von Fred. Moseler, Professor in Giessen. Berlin, 1864.

was applied. The wound continued to discharge thus until November, since when it has never troubled him.

After his discharge from service he went to St. Louis, remaining there six weeks at leisure; meantime applied to Dr. Pope, at a city hospital, to have the ball removed, who at once discouraged the idea, citing to him the danger of the attempt, with which he was satisfied.

On the third of November he was employed by a Captain of the Commissary Department, and, with others, sent to this city, and placed at work on the levee. His duties were very heavy, that of lifting and loading boxes, barrels, sacks, etc., but with this he succeeded well, his head giving him but little trouble, except on the approach and continuance of a storm, when he had, and has yet at such periods, a dull pain and sensation of weight, referred to the locality of the ball in the frontal region of the brain.

Twenty days after his arrival in Nashville, he was attacked with fever, contracted by exposure, night work, and the severity of his duties; for which he was treated at Hospital No. 12, making a rapid recovery. On the discontinuance of that institution, he was transferred to this hospital, December 28th, and soon after came under my charge. He is convalescing satisfactorily, and is now able to walk long distances, eats and sleeps well, and makes little or no complaint of his head.

The wound of entrance, through the left parietal bone, is oval in shape, measuring one and one-fourth of an inch in length antero-posteriorly, and an inch through shorter diameter. The edges of the opening through the outer table and diploe are quite abrupt, and have the appearance of having been made with a punch and hammer, so regularly are they defined. The bottom is of bony hardness, apparently composed of several small, thin fragments of bone which have firmly united, and on a level with the under surface of the second plate of uninjured bone. The resulting external cavity or depression in the cranial wall is lined with scalp tissue and covered with fine rudimentary hairs, which are plentiful enough to conceal the injury from ordinary observation.

The prominent point of interest in this case, is the fact that a leaden missile, probably originally an ordinary round musket ball, first penetrated the cranial walls and meninges of the brain, and has lain buried in the brain substance for nearly nine months, without exciting inflammation, undue haemorrhage, or in the least impairing mental action; thus vindicating that conservative surgery practised in his case, and which constantly inculcates the precept, to "let well enough alone."

HOSPITAL NO. 1, Nashville, Tenn., Jan. 8, 1864.

A CASE OF

THROMBI IN THE CARDIAC CAVITIES.

By JOHN H. PAGE, M.D., ACTING ASST.-SURG. U.S.A.,
FORT SCOTT, KAN.

PRIVATE GEORGE WASHINGTON (a Kaw Indian), Co. L, 9th Kansas Cavalry, age not known, probably about 30, was admitted to hospital Feb. 9, 1864. When admitted, patient was suffering with acute bronchitis, large and small crepitation being heard over both lungs, anteriorly and posteriorly; expectorated a large amount of yellowish green, translucent, somewhat viscid sputa. The sounds of the heart were very indistinct, with no pulse at the wrist or temples. Appetite good. Rested well until near the last of his illness. Bronchial symptoms continued, the sputa becoming more opaque and viscid, with increasing dyspnea. On the day before he died the sounds of the heart could not be heard at the precordia through a double ear-tube stethoscope, nor could I at any time locate the first and second sounds. Patient died Feb. 26, 1864.

Autopsy four hours after Death.—Thorax. Pleura thickened and inflamed, with firm adhesions at the lower lobes of both lungs. Three ounces of serum in the left pleura

cavity; small patches of red hepatization through both lungs; large and minute bronchi, filled with milky-looking fluid. The pericardium contained three-fourths of an ounce of serum; heart enlarged and flabby; right ventricle distended with clotted blood, and a large thrombus of a greyish color and firm consistency, adherent to, and interwoven with the muscle pectinata, passing through the auriculo-ventricular opening into the ventricle, filling one-third of its cavity, and indigitating firmly with its fleshy columns. From this it passed into the artery. The walls of the right were much thinned and dilated. In the left ventricle a small thrombus was found, resembling that in the right cavities, but not so intimately connected with its fleshy columns. This extended into the aorta for more than twelve inches, gradually tapering to a point. At the arch it subdivided, passing into the vessels at that situation. The left ventricle was somewhat hypertrophied; liver of normal appearance; spleen dark blue, weight sixteen ounces; other abdominal viscera apparently healthy; brain not examined. Treatment was directed to the symptoms, and consisted in remedies to allay pain, counter-irritants, nourishing diet, and in the latter stage of the disease, stimulants and beef-tea. The presence of thrombi in cardiac cavities we have found to be quite common during the last five months; in making post-mortem examinations, we have found five hearts containing these morbid deposits, but in no other instance were they so large and firmly united to the cardiac walls as in the case described above. Yet in all, their formation prior to death was fully established to our minds. The large and harsh crepitation throughout the lungs may partially account for our inability to detect and locate the sounds of the heart; but this has no force when it is shown that the normal sounds could not be made.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Nov. 25, 1863.

DR. H. B. SANDS, VICE-PRESIDENT, IN THE CHAIR.

(Continued from page 173.)

DIPHTHERIA.

DR. JACOBI presented a specimen from a case of diphtheria, and remarked:—This specimen was removed half an hour ago from girl 8 years old. The child was sent home from school on the 6th of November, because she appeared to be sick. She coughed a little that same night, and a physician was sent for. The next day the child continued to cough, and loose diphtheritic patches showed themselves on the tonsils. There was no infiltration, neither any croupy cough. The next day the physician was able to remove the membrane. The fever had not increased, but the cough was more of a croupy character. This was on Sunday, and from that time the symptoms increased until Tuesday. The physician proposed tracheotomy, which I performed on Wednesday in the usual manner. I left the child in a pretty comfortable condition. The day following sibilant rhonchi developed themselves, and from ten in the morning until six in the evening fifteen drops of the tincture of veratrum viride, in addition to opium, were given, with the effect of reducing the pulse from 170 to 96. The next day the same doses of the tincture were taken with the same result of bringing down the pulse. The pulse was reduced to 100 per minute, and the sibilant rhonchi were also diminished. For a week following there was no pneumonia, the pulse being in the neighborhood of 96 per minute, the veratrum viride being regularly continued. At the end of the first week the right side yielded a dull sound on percussion posteriorly, together with bronchial respiration. Pneumonia was diagnosed, but the pulse was kept down to 100 by the occasional admi-

nistration of veratrum viride. About sixteen hours after the operation, the wound was covered with a diphtheritic membrane, even to the depressions around the sutures. Shortly after the sutures broke through, leaving the wound open. The diphtheritic membrane could then be seen extending down into the trachea. The outer muscular septa were entirely removed, leaving the muscles with the appearance of having been dissected. Part of the skin disappeared under an almost gangrenous process. The wound, from being originally four inches in extent, increased in the course of five days to six or seven inches. There was no contraction in the tissues after the removal of the tube. The wound in the trachea was from one and a quarter to one and a half inches in length, by one-third of an inch in width. The child during all this time remained in an apparently satisfactory condition, eating and drinking a little, and taking quinine and stimulants; the pulse would rise occasionally to 120, but would be kept under control by well timed doses of veratrum viride. During the last week dulness on percussion increased, and the bronchial respiration as well. The appearance of the wound, however, improved, and the patches separated. The smell from the breath began about this time to become very offensive, very much resembling the odor of gangrene of the lung, and increased up to the day of death. The day before death the pulse increased to 130, but there were no symptoms of change in the pneumonia. There was paralysis of the pharynx, which had commenced four or five days before. This latter symptom increased to such an extent, that the fluids swallowed would be regurgitated through the tube. The child died rather suddenly on Wednesday morning.

Autopsy.—The larynx is still covered with diphtheritic membrane, but not to such an extent as to occlude it. Part of the trachea was also covered with the membrane, and in patches it extended below the bifurcation. The left lung is in a pretty normal condition, with the exception of a small pneumonic infiltration. The left lung was entirely infiltrated, especially at its anterior portion, the posterior portion being partly natural and partly emphysematous. There is evidence of a recent pleuritis in the shape of adhesions, between the lower lobe of the right lung and the costal pleura.

MALFORMED FETUS.

DR. FINNELL presented a malformed fetus on behalf of Dr. Harding. Most of the abdominal organs were external; there was double talipes varus on one side, and valgus in the other. Besides this there was spina bifida in the lumbar region.

DR. JACOBI remarked that cases of hernia of this sort were not so very rare. He thought that inasmuch as the opening in the median line was very small, the hernia must have taken place very early. He advised that a careful dissection of the specimen be made, and that the results be presented in full at a future meeting.

The Society then adjourned.

FOREIGN CORRESPONDENCE.

LETTER FROM RUFUS KING BROWNE, M.D.

THE BERLIN SCHOOL OF PATHOLOGISTS AND THEORIES OF PATHOLOGY.

WHAT is characteristic of this school, what distinguishes it from all others of a similar character, is its understanding of abnormal tissue-growth, and pathological change. In the former particular it differs from all the others—a difference which is that of the new from some mere variation in conception of the old. The understanding I refer to dates from the researches of Virchow, and originated with him. But it is necessary to a proper apprehension of the claims of this School, that I should state this difference briefly but intelligibly; and to accomplish this purpose most effectually, let us select an example from

anatomy proper. Let it be morbid growths or tumors. Up to the present time the prevailing notion in the pathology of abnormal tissue-change, notably of abnormal *tissue-growth*, was that it originated in, and in its beginnings was formed entirely of some morbid substance—some vicious matter exuded by the blood-vessels from their contents, at the seat of morbid growth; and this deposit was supposed to be capable of *development* into the textural structural characters which might afterwards be found in that growth. This is the *oldest* doctrine in pathology, and is now the prevailing one among the physicians of England, France, and other countries. It was easy to question this doctrine in the interest of some proposed modification of it, but very difficult to ascertain the truth respecting such abnormal growths, and by the truth distinguish it as an error. While this doctrine had undisputed sway, questions of the kind were rarely referred to the microscope. Yet it was alone by this means that the truth could be ascertained, and this is what Virchow at last did. True, the microscope was used to discern the histological characters of such growths, but then, under the insensible but potent effect of the old doctrine, it was used to show how different a cancer cell was from a normal one, suggesting a *radical* difference in the two kinds of tissue elements, that they could not have had a common *origin*, thus tending to confirm the observer in the old doctrinal prejudice. This doctrine Virchow shows to be false. He shows that these growths did not arise from any deposit or exudation, but were, from their very beginning, the product of the histological elements of the tissues, at the very point where the growth begins. The abnormal tissue was in fact *their* growth, and consisted, so far as texture elements were concerned, of histological elements precisely like themselves; elements of which they were the parents, and begotten by the parents *precisely where they were* found. Hence no abnormal growth whatever, no amount of bodily substance either in quantity or texture, other than the perfectly normal and physiological, was some foul, effete, exuded substance prone to "*organization*"; some "*plastic form of matter*," which, once exuded, commenced a career of structural growth; but on the contrary was so much "*excessive and perverted*," if you will, growth and multiplication of the number and extension of the textural relations of the elements of tissue always there, since they had pursued their previous career of physiological growth.

Of course, this understanding was not the product of a single discovery in tissue, but the growth of years of studies of the elements of tissue, and unlike the other, was not at all begotten as a *doctrine*, but was finally adopted as the only explanation of the numerous findings of these observations; and the appearance of the truth in doctrinal form was necessitated by the older doctrine to be confronted. It is the ascertained, the true, and its form was simply an *account* of the facts. Virchow never sought a doctrine in pathology to combat the old. That process it had been again and again subjected to, by doctrines which were a more or less bold variation from its form, but always retaining its substance. Against these *formal modifications*, but not essential denials, it could hold its own, because they were *substantially* the same.* Of course this new understanding could only be begotten of a more perfect *knowledge* of human histology than preceded it. The old doctrine was merely *conjectural*—arose and continued in destitution of our present more complete knowledge of elements of living tissue, and of course could only cease to live as a doctrine, by the substitution of that knowledge, involving a correct understanding, where *it* presented false conjecture; and the one is bound, and that very soon, to obliterate the other from the medical mind, whatever want of understanding, arising from defects of the knowledge in question or entire ignorance, may retard the consummation of this. Older men may be; they seem to regard "*grey hairs*" as a perfect substitute—a complete work of scientific wealth.

* See pathological works and observations of Paget, Broussais, *et alii*, modern and ancient, Pensee's very valuable *Human Histology*, etc. etc.

The one is *science*, the first was surmise; and so soon as teachers of medicine come to a knowledge of the fact, get to see the difference here illustrated, so soon will the *scientific era of medicine dawn*.

But I must condense. This new knowledge in pathology, the development of which, from our previous state of mere prejudice in some scientific things, and which constitutes a real advance, is not only fundamental to morbid growths, but finds that other forms of disease of this or that organ, which in pathology we have all along deemed to be processes very different from the above, nearly involve the very same elements, enacting a nearly similar part in the one as in the other. Thus for example, in accordance still with the old doctrine, the fundamental portion of which remained the same, whatever differences of process, as for instance, that between a tubercular mass and a tumor, we superinduced upon it; tubercles of the lung were masses of *materia morbi*. But in accordance with the new pathology we know that these tubercles are in minimum, precisely what the tumor is in maximum. It makes no difference what degenerative changes, and they are various, these may undergo—and these are all subsequent to the period of its growth; but in its elements and their career, in its origin and growth, it is the same as a cancrroid tumor. Now whoever is inclined to dispute the full value of claims for the knowledge of tissue growth identified with the new pathology, and its use as enabling us to *account* for unexplained diseases, may here find an exemplification of it. Tubercles were found in various parts of the body. It was not therefore a diseased state of the pulmonary tissue alone; yet with the fact well known, are we thereby enabled to account for the origin and nature of tubercles? We know the answer. We know the "*fact*," as we say; and this by the way, is the exact character of the knowledge so vainly heralded as "*experience*" by many ancient practitioners; but where was the *understanding* of the case? That was what we lacked. But the moment we had ascertained, by a more or less complete visual analysis, what the formation of this mass was, we had an understanding of the case; we had in other words so much science, so much pathology.*

(To be Continued.)

NITRATE OF SILVER IN THE PARAPLEGIA OF CHILDREN.—Dr. Bouchut employed the nitrate of silver internally in the case of a child, aged seven years, in the Hospital of Sainte Eugénie. The patient had had a fall from a height of a few feet, and immediately complained of acute pain in the dorsal region. From this time the child was unable to walk, and when she was placed upright the legs bent and sank down under the weight of the body. The speech became slow, difficult, and indistinct, and the food partly escaped from the mouth during mastication. For nearly a month only the expectant treatment was adopted; but Dr. Bouchut then conceived the idea of treating the paraparesis with nitrate of silver, according to the views of Wunderlich, and Charcot, and Vulpian. He therefore prescribed one centigramme of the nitrate, divided into two pills, to be taken every day; and this treatment (occasionally varying the dose) was continued for more than a month with success, for at the end of this time the child left the hospital perfectly cured.

* I hope the reader will have the courtesy to indulge me *en passant* in saying that if the former, *i.e.* the "*fact*," was but of little value without the latter, *i.e.* the *understanding* of it, this latter is precisely what many practitioners condemn as "*theory*," and proclaim themselves as disregarding of being devoid of it; that is, as being destitute of it. But this latter is precisely what constitutes the whole exact knowledge or science in the case. Of course such persons do mean to confess this destitution, by acknowledging it as exact knowledge. They are instinctively constrained therefore to pronounce it "*theory*," in order that this destitution of knowledge may not be confessed to *themselves*, which is pictured by their personal and professional vanity—not permitted to be palpable to others. But any right-minded man knows by experience, that vanity is depressed, not exalted by exact knowledge; of course the persons I allude to do not *know* their ignorance. To know their ignorance is to have the knowledge in the case.

American Medical Times.

SATURDAY, APRIL 16, 1864.

PLEA OF INSANITY IN CASES OF MURDER.

THE public papers of England, medical and literary, have generally given their opinion on the case of **GEORGE VICTOR TOWNLEY**, the murderer of Miss GOODWIN, who was tried in December last. Although remote from the scene of that horrible drama, and the melancholy consequences which followed it, in the midland circuit court at Derby, and again in the prison, we regard it as our duty to express an opinion upon this case, as exhibited in the trial, the verdict, the condemnation, and finally the commutation of death for perpetual hard labor, by the Crown. Aside from the special interest which attaches to **TOWNLEY's** case, it bears some analogy to that of **MRS. REAL**, of this city, who in 1862 killed her alleged husband, on a breach of good faith and suspicion of inconstancy. The public, and especially its most sensitive part, was at that time much interested in the final result of the trial of that poor girl. Still a just verdict and a merciful punishment vindicated the public morals. Since her trial, the alleged insanity of **MRS. REAL** has vanished, and probably repentance has also purified her mind and will. We may add, with pride, that instead of an invidious opposition, so easily discernible among the English experts in the **TOWNLEY** case, we have, in the testimony of **DR. BROWN** of Bloomingdale, and **DR. RANNEY** of Blackwell's Island, in the case of **MRS. REAL**, that earnest and conscientious regard for justice, truth, and humanity, which should ever characterize the members of our profession.

Whoever reads the details of the **TOWNLEY** case, must feel that a profound moral perversity, or perhaps the most brutal self-love and cowardice, were, directly or indirectly, the cause of the murder of a young lady who was, it appears, untrue to a first love and false to a promised marriage. As we contemplate on the one hand the unhappy victim, and on the other the perpetrator who asserted coolly, in self-defence, that this woman was *his*, as any other chattel with whom he might have done the same, we believe that human justice, in its first impulse, would at once determine her course. She would call for **CALCRAFT**, as an aid not only to enforce morality, but to maintain social guarantees. To many persons the executioner would then appear as a minister of revenge and retaliation.

But, on sober consideration, a crime like this, which is not the result of gross, ordinary ignorance and perversity, evidently called for a thorough investigation as to the mental state of the suspected criminal. And it must be regarded as a remarkable proof of the high civilization of a nation, that the test of insanity is applied in such an aggravated case as that of **TOWNLEY**. It is in such cases that human justice, laying aside all prejudice and passion, approaches nearer and nearer to the divine. But it is unfortunate that too often justice is thwarted by the ignorance and prejudice of her ministers. In this case we meet a judge imbued with the most perverted notions concerning judicial precedents, and who falls into singular errors about the nature of delusions, making no difference between

those which are physiological and those which are morbid. Nor, indeed, does he make any distinction between the power to distinguish right from wrong. No account is taken of the previous state of health of TOWNLEY, nor of any hereditary taint of insanity in his family, and, above all, of any physical symptoms, present or absent. In regard to the question of the prisoner's insanity before, during, or after the crime, no one seems to have had any knowledge. It was reserved for DR. FORBES WINSLOW, a man of great scientific ability, perhaps somewhat vain and dogmatic in his assertions, but who has never proved mercenary, to give evidence on this point. This gentleman declared that he could not vouch for the insanity of TOWNLEY at the moment of the commission of the deed, but that he had *suffered* since from a delusion about a conspiracy organized against him. He also discovered that there were proofs of insanity in the maternal line of the prisoner. In spite of these doubts, held by a man of great reputation, under the influence of the charge made by the presiding judge, the jury, after *five minutes'* consultation, returned a verdict of *guilty*.

After the condemnation of TOWNLEY to death, two magistrates were led to interfere. They declared him to be a man of unsound mind; and thereupon SIR GEORGE GREY, the Secretary of State, appointed, with the consent of the LORD CHANCELLOR, four experts to examine and report on the mental condition of the convicted prisoner. Two of these gentlemen are visitors of chancery lunatics, the other two superintendents of public and penitentiary lunatic asylums. They reported the prisoner in the possession of all his faculties; that he entertained no delusion on the subject of a conspiracy against him; that it was rather a figure of speech concerning the party engaged in the prosecution. They considered the evidence of hereditary predisposition to insanity, and their opinion of the prisoner's state of mind was not thereby altered. Upon the rendition of this insufficient and summary report, the prisoner was condemned to life-long penal servitude.

In our opinion, in this case the forms of justice have been disregarded, and ignorance has prevented its application. Could it be honestly supposed that the doctrine of DR. WINSLOW is: "*The greater the rogue a man is, the more entirely is he free from responsibility?*" The *Journal of Mental Science*, which is unfriendly to DR. W., approves and reproduces insinuations that such is his theory. We maintain, also, that ignorance has prevented an act of justice, and we find the proof in the tenor of written affidavits made in England by the majority of psychopathists, and even by some of the most eminent. And this criticism is applicable also to the evidence given by DR. WINSLOW. If TOWNLEY, in consequence of an hereditary cachexy, became insane after the commission of the deed, where are the symptoms of his disease? If he is of a sane mind, a scientific examination ought to have related and described that state. In all cases, the law demands symptoms and not assertions—physical signs of insanity, and not suppositions on the debatable ground of psychology. And it is particularly objectionable, in cases of life and death, to make reports stating facts, unaccompanied by their concomitant proofs. The ground taken by the *Journal of Mental Science* against DR. WINSLOW proves the necessity of a real medical diagnosis. Here is an extract from that journal: "Science has established that when the soul or mind is obviously perverted, there must be some organic

disease of the brain to account for this. The probability is that a man who pertinaciously indulges in evil thoughts and passions may affect his brain with disease." But the journal is not happy in its conclusion—that *vice in such case is already insanity*; and it is still less pardonable for it to suppose that such is DR. WINSLOW's theory. According to its own premises, the journal ought to have concluded that organic lesions are necessary to destroy human conscience and responsibility.

In spite of the irregularities of the court at Derby, we feel no sympathy for TOWNLEY. At the same time we rejoice that he is not to ascend the gallows. Time will vindicate the truth; and DR. WINSLOW, BUCKNILL, HOOD, MEYER, and HELPS may live to learn its verdict.

ARMY OF THE POTOMAC.

A CORRESPONDENT of the London *Med. Times and Gaz.*, whose letters from the Army of the Potomac we have quoted, furnishes some interesting particulars in his last communication of Feb. 14. He represents the present condition of that army in an excellent sanitary state. During the winter the troops have been well housed and fed, and the sickness and mortality rates are consequently very small. He thus describes the Division Hospitals of the Second Army Corps:—

"The division Hospitals of the Second Army Corps' situated in the neighborhood of Brandy Station, from the elegance of the style in which they are got up, resemble far more pavilions built for some rural *fête* than the cheerless notions one might preconceive of a field hospital raised upon debatable ground. All the tents are floored, and furnished with fireplaces. Requisitions were sent in for stoves, but they were disapproved. In front of the tents are promenades, garden plots, evergreen bowers, tasteful fancies executed in moss. One can scarcely realize that this ground in December was a thick-set forest, yet so it was. This hospital can accommodate from 250 to 300 patients. To each of its three divisions are attached a well furnished sanitary store-room, a commodious kitchen, dispensary, and sinks, and to the whole is added a post-mortem room, where the bodies of fatal cases are embalmed by the medical officers, in order to preserve them, if required, for transmission to friends in the north. At some little distance from the main structure is a pest-house for the small-pox cases that may occur in the corps. The establishment is altogether a complete affair, and certainly sufficient praise can hardly be bestowed upon those connected with it for the energy and taste they have evinced in its construction."

The rate of sickness and mortality is given as follows:—

"The following figures may give you an idea of the rate of sickness and mortality prevailing in this army during the last two months. The camps from which these ratios have been deduced contained an average strength present during the month of December of 12,000 men; during January, 11,900.

December, 1863.	January, 1864.
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Daily rate of sickness per 1000 men present,	36.77	48.02
Death rate per 1000 men present during the month,	2.48	2.44

During the month of January, 1864—

The percentage of fever cases among sick was	10.74
The percentage of deaths among the fever cases	2.28
The percentage of diarrhoea among sick	27.95
The percentage of deaths in diarrhoea cases	2.55 "

Alluding to the arrival of recruits he notices the shameful neglect of duty by the surgeons on recruiting service.

In one company of 500 recruits, eighteen per cent. were found incapacitated. He recommends that the recruiting surgeon pay, as in the British service, the expenses of a rejected recruit.

NEW YORK MEDICAL INDEPENDENT.

WE have received the first number of a new medical periodical, with the above title, about to be issued weekly, in this city. From the Prospectus we learn that "The objects of the *Independent* are to elevate the medical profession, by advocating improvements and reforms wherever practicable; to stimulate a purely American medical literature; to unmask abuses and quackery of all kinds; to urge a higher standard of medical education; faithfully to chronicle discoveries, advancements, and progressions made in every branch of medicine and surgery; to discuss topics of interest to the profession, and generally to be a true, faithful, and independent representative in periodical literature of the American medical profession." The editorial and publishing departments are conducted without names, and the present number is dated May 4th, 1864. This number contains the commencement of the translation of Vierhow's work on Tumors; an interesting communication from PROF. PERCY, on McMunn's Elixir of Opium; a brief introductory; a few "selections," and a short review.

THE WAR IN SCHLESWIG.

DURING the first year of our civil war, the Medical Department of our army was for a time the special subject of unfavorable comment. At length we have an opportunity of witnessing the progress of a small European war, between nations which have uniformly boasted of their military science and the perfection of their preparation. But the reports which reach us from the battle-fields are by no means so favorable to their skill and science as we had anticipated they would be. The following from a foreign medical journal proves that in Schleswig, the Austrians and Russians are reacting the scenes which once excited their ridicule:—"The correspondent of the *Vienna Medical Journal*, writing from Schleswig, says that, at the commencement of the war, the sick and wounded of the Austrian army were most ill-cared for, but that things are now getting into better order. Wounds, for the most part, heal favorably; and few deaths, comparatively, even after severe wounds, have occurred. Pyæmia has not shown itself; but six cases of tetanus have proved fatal. We conclude from the letter, that the Austrian sick and wounded would be in an evil case, were it not for the attentions they receive from Schleswig-Holsteiners. The Prussian army is, we also read, in no better condition in its sanitary arrangements than the Austrian. Another correspondent writes from Apenrade a sad account:—The soldiers lying for two and three days in slushy snow, after long marches, were also half-starved. Even officers, with money in their hands, were scarcely better off. 'Besides the horrors of a winter campaign, we have had the martyr-scenes of wounded lying two or three days in the open air, helpless, without food, without attention, and yet brought still living into hospital. I saw between Selk and Schleswig, in a field, two wounded Danes and two Austrians, who must have lain there two or three days. Their first word was "hunger." ' The French campaign in Russia has been repeated here in a small way. The health of the troops is on the whole, nevertheless, satisfactory."

Reviews.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, instituted in 1847. Vol. xiv. Philadelphia: 1864. Pp. 416.

AFTER a recess of two years in consequence of our national difficulties, the American Medical Association resumed its sittings, by holding its fourteenth annual meeting in June last, at Chicago, Ill., and has issued a new volume of Transactions, which, though it bears but poor comparison, both in point of size and contents, with its predecessors, nevertheless contains much that is interesting, and may be hailed as an indication of returning life to the Association. We see no reason why these meetings should not be continued with the same, and even more interest than ever; and indeed we venture to predict that if the proper spirit prevail among the profession, the approaching session to be held in this city in June next will be more largely attended, characterized with more earnest labor, and more fruitful of good results than any of the previous meetings. There has never been a more urgent necessity for the Association, its working men, collectively and individually, to put forth their best energies than at the present time. While our civil war has taken men from the peaceful occupations of private life, and transformed them into great generals, it has also taken many of our profession, and developed talents in them which otherwise might have lain dormant. It has presented to us subjects for investigation on a scale such as has never been known in any country. The various branches of military practice, the different diseases incidental to camp life, with camp and hospital hygiene, to say nothing of spotted fever, and the various other phases that disease has recently assumed, as met with in private practice, are all subjects deserving careful study, and which we hope will receive full consideration at the next meeting of the Association.

The ADDRESS of DR. WILSON JEWELL, Acting President of the Association, is eloquent and patriotic. After alluding in warm terms to the patriotism and self-denial of our volunteer army-surgeons, and paying a handsome tribute to the memory of the late lamented president, Dr. Eli Ives, he selects Hygiene as the subject of his address, and strongly urges its claims upon the profession, proposing to elevate it as a branch of study to a separate chair in our medical schools, and the adoption of more effectual measures for its general appreciation and cultivation.

Report of the Committee on General Education, by CHRISTOPHER C. COX, M.D., Surg. U.S.V.—On previous occasions the attention of the readers of the MEDICAL TIMES has been called to the defective primary education of medical men. Dr. Cox points out this evil as the first to be remedied, and shows the necessity of a high standard of preliminary education, as essentially requisite, in order to secure a degree of mental discipline sufficient to enable the student to pursue with the greatest success his professional studies, and to form habits of thought and correct judgment, by which alone he can grapple with the facts of science, and appropriate to the best advantage the experience of others. He recommends change in the entire system of medical instruction, the number of professors increased, the lectures increased to three courses of six months each in duration, and punctual attendance obligatory. Frequent examinations, clinical instruction, and the final examination to be conducted by a Board of Examiners, selected from the first medical talent of the State, without the presence of the faculty, are among the measures recommended.

Report of the Committee on Medical Literature, by CHARLES A. LEE, M.D.—The writer gives a general view of the character of American medical literature, with a list of those periodicals at present published, and those discontinued since 1860; and also a list of American and European

publications, from which we learn that "forty-six new American medical works have been published since 1860, and fourteen new editions of works already issued; while during the same period, eighty-five minor medical publications and pamphlets, eighteen reprints of new foreign works, and twenty-one new editions of foreign works have appeared." For the purpose of encouraging a national medical literature he recommends the establishment of an association on the plan of the Sydenham Society of Great Britain, with as large a body of subscribing members as can be obtained, with a competent publishing committee, etc.; the State and County Medical Societies and other organizations to offer suitable prizes for the best essays on special subjects; medical colleges to do the same for the best inaugural thesis; the formation of medical libraries and book-clubs, for the purpose of furnishing at a cheap rate all the important medical journals, domestic and foreign; and above all, the raising of the standard of medical attainment, by a reform in the present system of education, both preliminary and professional.

Diatheses: their Surgical Relations and Effects, by PROF. E. ANDREWS, of the Medical Department of Lind University.—"How shall a dangerous diathesis be diagnosed in advance of any perilous manifestation of its effects? And it being diagnosed, how shall it be corrected with the promptness and certainty required to ward off its fatal consequences?" are questions, correct answers to which the writer says constitute the next great improvement needed in surgery. In treating his subject, he confines himself to the aplastic, normal, and hyperplastic diatheses, as the three most important to the surgeon; the first of these especially so, and readily known by its train of evils, as erysipelas, phlebitis, pyæmia, metastatic abscess, hospital gangrene, etc. "The surgical patient manifests a total loss of the power of effusing and organizing plastic lymph. Ulcers enlarge instead of diminishing; wounds fail to unite by first intention; every little scratch or abrasion suppurates; and injuries of a deeper kind terminate in effusion of pus without the usual amount of plastic effusion around the abscess." As a cause of this, he gives the excess of alkalies in the system, from the fact that soda and ammonia are the natural liquifiers of protein compounds in the living body; and also from the fact that the most powerful and rapid cause of aplasticity is an over-crowded ward of wounded men, where the decomposition of pus and other secretions keeps the air filled with alkaline ammoniacal vapors. The hyperplastic or rheumatic diathesis being the opposite of the aplastic, and remedies for aplasticity being such as neutralize alkaline solutions, seem to point to aplasticity as the alkaline diathesis. As an effect of this diathesis we have the erysipelatous poison resulting from the decomposition of certain tissues and fluids, a depressing irritant which gives a typhoid and malignant character to diseases with which it may be associated, as is often seen in puerperal diseases, malignant scarlatina, confluent smallpox, and the fearfully destructive effects of syphilis. On the other hand, if erysipelas is received by contagion or accidentally inoculated into a plastic constitution, it acts simply as a violent irritant, setting up a local inflammation which is inclosed by a barrier of solid plastic lymph, within which suppuration takes place, resulting in furuncle or carbuncle. The conclusions are: "The active malignant element is the erysipelatous virus. The aplastic diathesis gives this virus an opportunity to exert its full destructive influence. The plastic diathesis builds barriers around the poison, and casts it out of the system." The diagnosis of this condition is easy, as every little scratch, pimple, or slight wound contributes its share towards declaring the patient's diathesis, either by its tendency to suppurate, with a deficiency of solid swelling at inflamed points on the one hand, or its rapid healing without suppuration, and hard, firm swelling at inflamed points on the other. Treatment should begin with regimen, and the first requisite is plenty of fresh air. The diet should consist of the free use of meat, to increase the acids of the system, and to promote

plasticity. Vegetables increase the alkalies. The acid of fruits is not favorable, as acid fruits contain potash, and the acids are digested in the stomach and destroyed, adding nothing to the acids of the system, while the potash is absorbed. Medication should consist of perchloride of iron internally, sulphites of lime and soda internally, bromine and iodine locally, mineral acids internally and externally, and quinine in malarious districts. The hyperplastic diathesis is the opposite of the aplastic, and has for its typical disease rheumatism, due to an excess of acids in the system, the treatment for which is substantially the same as for rheumatism.

The American Method of treating Joint Diseases and Deformities, by HENRY G. DAVIS, M.D., of New York.—Dr. Davis gives a historical sketch of the treatment of these diseases by extension, and gives the distinctive principle of his treatment, viz:—"Procuring to the diseased structures *support without pressure, and motion without friction*. The treatment itself, concisely defined, consists in abstraction of the joint affected, by *continued elastic pressure*." This apparatus is fully described and illustrated.

Case of Diarrhoea Adiposa, by JOHN H. GRISCOM, M.D., Physician to the New York Hospital.—The description of this case is accompanied with an analysis of twenty-four previously reported cases. Dr. G.'s case passed a substance like melted butter, hardening on cooling. From one to two and a half ounces per diem were voided at frequent intervals, during six years. It followed protracted dysentery and anasarca, and yielded to the administration of six or eight ounces of whiskey per diem.

Report on American Medical Necrology, by CHRISTOPHER C. COX, M.D., Surg. U.S.V.—This report, though incomplete, gives us some idea of the vacancies death has made in our profession since the New Haven meeting; and even from our midst have gone such men as Isaacs, Hoffman, Francis, Ruse, Kissam, Williams, Cheesman, Harson, Cammann, Watson, and many others, whose loss is severely felt, both in and out of the profession.

The remaining portion of the volume is principally occupied by the *Prize Essay on the Physiological and Medicinal Properties of the Veratrum Viride*, by SAMUEL R. PERCY, M.D. This paper will be noticed at another time.

Correspondence.

NECESSITY OF MAINTAINING THE PHYSICAL STRENGTH OF RECRUITS AND SOLDIERS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

"THERE are, particularly, two important results to be obtained from this scrupulous care in compiling the history of a war. The first is, that of reducing to less than half the mortality of those brave soldiers who so generously shed their blood for their country; the second, merely a corollary of the first, that, by reducing the mortality of soldiers, the strength of armies will be proportionally increased, and thus very often the fortune of war decided."—*Shrimpton on the Cimican War*.

"The loss to the Government has thus been inconceivably great at every attempt to recruit its armies. Thousands who, with proper early training, would have become capable and efficient soldiers, have fallen victims to the diseases induced by the sudden and violent transition from a life of well ordered and systematic labor, and a table teeming with various and well prepared food, to the wants, privations, and exposures of the camp. We have seen regiments, while waiting in these camps, waste away from the maximum strength to a mere skeleton. This negligence is the more inexcusable because the places of rendezvous are generally located in rich farming districts, where every necessity can be readily and cheaply supplied."—AM. MED. TIMES.

The results attending the putting into the field the tem-

porary force called out to repel the invasion of Gen. Lee, in the early part of the summer of 1863, which came under my personal observation, will serve as an illustration to the above remarks. This force was collected hastily at Harrisburg and Reading, Pa., from New York, New Jersey, and Pennsylvania. The men all came from healthy districts, and left their homes in good health. Before leaving Harrisburg, it became my duty, as Med. Director of the Department of the Susquehanna, to provide hospital accommodations for the sick of this force, for diseases contracted during a little over a week's stay at Harrisburg. I established, for this purpose, in less than two weeks, five general hospitals in Harrisburg, which were almost immediately filled. The well troops then took up their line of march to overtake the enemy.

It soon became necessary to open a hospital at Carlisle, for the sick left behind there. So many sick were left along the road, and at Shippensburg, twenty-two miles distant from Carlisle, that I was obliged to establish another hospital at that place. At Chambersburg, eleven miles further on, the number of sick and broken down men from this same force, made it necessary to open three hospitals at that place, which were soon filled. In addition to these, small hospitals were started at Mercersburg, Waynesboro, and Hagerstown, where the sick and broken down men, left along the roadside and at farm-houses, were collected.

Although scarcely any of these men died (during the first month, I believe, not a single case of death was reported), yet they were disabled for a time, never reached their destination, and were unable to return to their homes until after their services were no longer required. It must be borne in mind that this force was perfectly well to start with, the season of the year most favorable, and yet, from the suddenness of the change of habits and food, they were unable to bear up under the unaccustomed privations and exposure to which they were subjected, which would have been a mere nothing to them if they had had time to be seasoned to their work by a little previous training. Owing to the pressure of events, no time was allowed for this purpose, and all the arrangements made for them as to supplies of every kind were, from necessity, imperfect.

As the enemy occupied the country in front of the troops, the supplies (except what they could carry, which was very limited) had necessarily to be left in the rear, and sometimes the commissary supplies, from the difficulty of obtaining transportation in the country, were delayed, and when obtained, were hastily and badly cooked. From the causes mentioned, nearly one-tenth of the troops, I think, called out for the emergency, in three weeks from the time they left their homes were in hospitals, and lost to the government. The records of the Surgeon-General's office, where accurate reports were forwarded, will show the precise number admitted to the hospitals mentioned, from a force raised for active service, when, from military necessity, no time or opportunity was allowed to make the arrangements known to be necessary to preserve the health of the troops at depots, camps, or in the field.

The reform needed is, that the place of rendezvous, depots, and camps be immediately improved in every respect, and that the transition from civil to military life be as gradual as possible. The food supplied at these places should be abundant, of proper variety, and well cooked by skilful persons. The clothing should be good, and the sleeping apartments dry and comfortable. The camps for collecting troops should be well selected and properly drained, and every attention paid to the comfort of the men, who should be scientifically trained to exercise and fatigue, under the direction of qualified officers.

It has sometimes happened that troops have been ordered to points where no provision has been made for their accommodation, either as to sleeping or eating, and thus have been left to provide for themselves or go without; and before their wants were supplied a number, unaccustomed to such exposure and privations, are taken sick. The effect of such treatment is to discourage enlistments and

induce desertion; and many good soldiers, in a fit of disgust and disappointment, desert the service at these places on finding no arrangement made for their comfort, who might otherwise have been retained. These facts I have learned from frequent personal intercourse in the discharge of my professional duties, while looking into the causes affecting the health of the soldier and the interest of the service.

How important, therefore, that in the large levy of troops about to be made, the authorities should heed the lessons of the past by making more ample provision for the future.

In offering the above considerations it is proper to add that, owing to the extreme urgency of the occasion for calling out this temporary force, the best was done by all that the circumstances would admit, and no censure can be attributed to any having charge of its management. My sole object has been to show the influence of unavoidable causes upon the health of the troops, and to draw a lesson for the future, if, happily, in our power to do so.

W. S. K.

CINCINNATI.

Army Medical Intelligence.

ORDERS, CHANGES, &c.

Surgeon John H. Rauch, U.S.V., has been ordered to repair to Detroit, Mich., and assume charge of the affairs of the Medical Department in that city, reporting to Major-General Heintzelman by letter.

Hospital Chaplain L. G. Olmstead, U.S.A., has been transferred from the Clay General Hospital, Louisville, Ky., to the General Hospital, Jeffersonville, Ind.

Surgeon C. F. Campbell, U.S.V., has been assigned to duty as Medical Inspector, Department of Virginia and North Carolina; orders assigning him to Chesapeake General Hospital, have been revoked.

Assistant-Surgeon W. O. McDonald, U.S.V., has been assigned to the 1st Battery, 15th U.S.I., 14th Corps, Army of the Cumberland.

Surgeon Wm. Watson, U.S.V., to the Hospitals of the Post and Prison, Rock Island, Ill.

Assistant-Surgeon John C. Norton, U.S.V., to the 16th and 19th Infantry, Army of the Cumberland.

Captain J. C. Peterson, 13th U.S.I., Assistant to the Provost Marshal-General, is directed to examine the minutes of Hospitals and Convalescent Camps in the States of Ohio and Indiana, and in the Department of the Cumberland, with a view to the selection of men for the Invalid Corps, and their transfer to such points as their services may be required.

Surgeon R. M. S. Jackson, U.S.V., who accompanied Major-General Foster from Knoxville, Tenn., to Baltimore, Md., has returned to his post.

The assignment of Surgeon A. C. Schwarzwelder, U.S.V., to the General Hospital, Camp Nelson, Ky., has been revoked.

Brigadier-General Julius A. White, U.S.V., is authorized to grant furloughs to enlisted men in hospital at Springfield, Ill., and to order them to report at the expiration of their furlough (if not fit for field duty) to the nearest U.S. General Hospital.

The small-pox broke out among the negroes at New Iberia, La., on the first of January, about sixteen cases occurring daily. The epidemic has, however, been controlled, the Medical Director there having caused the whole population as well as the troops to be vaccinated.

Dr. Alexander Love, of New York, to be Assistant-Surgeon 43d regiment, U.S. Colored Troops, to report to the Commanding Officer, Camp William Penn, Philadelphia, Pa., March 7, 1864.

Assistant-Surgeon A. Waterhouse, 7th Maine Vols., to be Surgeon 43d U.S. Colored Troops, to report to the Commanding Officer, Camp William Penn, Philadelphia, Pa., March 8, 1864.

Dr. Watson Porter, of —, to date Assistant-Surgeon 43d U.S. Colored Troops, at Hilton Head, S. C., to date March 11, 1864.

Christopher J. Crouch, of Pennsylvania, to be Hospital Chaplain U.S.A. Hospital Steward John M. Whitney, U.S.A., discharged at his own request, March 8, 1864.

Hospital Steward Charles W. Oleson, U.S.A., discharged from the date of the acceptance of his appointment as Assistant-Surgeon 14th U.S. Colored Troops.

Dr. Harvey Bussey, Contract Surgeon, discharge to date October 22, 1863, the day he left General Hospital No. 7, Louisville, Ky.

Surgeon E. F. Bates, U.S.V., Recorder of the Army Medical Board for the examination of Asst. Surgeons of Vols., died at Washington, D.C., on Sunday, March 6, 1864, of ileo-coltis. He was faithful and efficient in the discharge of his duties, and his medical attainments were unusual in one so young, raising him during a service of about one and a half years from the grade of Medical Cadet to that of Surgeon in the Volunteer Medical Staff. Deceased was, we believe, a resident of Michigan.

The resignation of Surgeon John C. Dalton, U.S.V., has been accepted by the President, to take effect March 5, 1864. Surgeon Dalton entered the service August 8, 1861, as Surgeon of Brigade, and after a long service in the Department of the South, was assigned to duty in New York city as Medical Director of Transportation.

Leave of absence has been granted Surgeon P. A. Jewett, U.S.V., with permission to visit the city of Washington, for ten days.

DIED.—At the Brooklyn City Hospital, April 6th, JAMES MOORE, M.D., one of the House-Surgeons of the Hospital.
COXE.—In Philadelphia, March 23d, JOHN RODMAN COXE, M.D., et. 92. Dr. COXE was formerly Professor of Chemistry, and afterwards of *Materia Medica and Pharmacy* in the University of Pennsylvania.
CUTTER.—At Woburn, Mass., BENJAMIN CUTTER, M.D.
FLINT.—At Louisville, Ky., on Sunday, 19th inst., JOSHUA B. FLINT, M.D., et. 62 years.
DOLBY.—At Boston, Mass., 39th ult., WILLIAM DOLBY, M.D., et. 34.
MOORE.—At Waltham, Mass., 39th ult., MARCUS A. MOORE, M.D., et. 39.

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE (SECTION ON OBSTETRICS AND DISEASES OF CHILDREN).—A Stated Meeting of this Section will be held at the residence of the Chairman, DR. JOHN P. GARRISH, No. 40 West 21st st., on Monday Evening, the 18th inst., at eight o'clock P.M.

DR. GARRISH will read a Paper on *Puerperal Mania*. Subject for Discussion for the Evening—*Ovarian Tumors and their Treatment*.

P.S.—Punctual attendance is requested.

THE N. Y. ACADEMY OF MEDICINE will hold its Regular Meeting on Wednesday, 20th inst. DR. W. H. DRAPER will present the Pathology, being the Conclusion of his Paper on *Cerebro-Spinal Meningitis*, after which the Discussion will be entered into by DRs. A. CLARK, ENOS, DETMOLD, SAYRE, and others, also DR. B. VREELAND, Surgeon of the U.S.N., by invitation.

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